

A RESOLUTION OF INCLUSION UNDER THE WISCONSIN RETIREMENT SYSTEM

RESOLUTION

RESOLVED, by the Town Board of the
Governing Body per Wis. Stat. § 40.02 (36)

Town of Southern, South County

That pursuant to Wis. Stats. §§ 40.21 and 40.22 of the above named entity does hereby determine to be included under the Wisconsin Retirement System and will recognize 0/25/50/75/100 % of prior creditable service for all employees eligible for participation on the effective date of January 1, 2005. Number of eligible employees 23. This resolution, when filed, is irrevocable after the November 15 preceding the effective date.

CERTIFICATION

I HEREBY CERTIFY that the foregoing Resolution is a true, correct and complete copy of the Resolution duly and regularly adopted by the above governing body on the 11th day of September, 2004, and that said Resolution is in full force and effect.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent statements, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

IN WITNESS THEREOF, I have hereto set my hand and the official seal of this governmental unit,

Town of Southern in South County, Wisconsin on this the 12th day of September, 2004.

Signature and Title of Certifying Officer:

Jane E. Doe

Name

Clerk

Title

Employer Identification Number (EIN) if
available:

69-036-1234-000

DESIGNATION OF AGENT

Wis. Stat. § 40.03 (2) (j)

The following position is designated as the agent representing the employer in matters pertaining to the programs administered by the Department of Employee Trust Funds. In the event the designated agent is unable to perform the duties of such position, the person indicated below as alternate agent shall be considered the agent until such time as the position designated as the agent is filled. We have also included room for the insurance and retirement contacts:

EMPLOYER IDENTIFYING NUMBER 69-036 -1234-000

EMPLOYER LEGAL TITLE Town of Southern, South County

TITLE OF POSITION OF EMPLOYER AGENT Town Clerk

NAME OF AGENT Jane E. Doe

AGENT'S PHONE NUMBER (615) 876-5432

AGENT'S E-MAIL ADDRESS jedoe@tnsouth.net

AGENT'S OFFICE HOURS 8:00 A.M. to 4:00 P.M.

AGENT'S MAILING ADDRESS 241 West Street

P.O. Box 999

Southern, WI 55555

EFFECTIVE DATE 01/01/2005

TITLE OF POSITION OF ALTERNATE AGENT Town Treasurer

NAME OF ALTERNATE AGENT John A. North

RETIREMENT CONTACT

PHONE NUMBER

INSURANCE CONTACT

PHONE NUMBER

Designation Certified By:

| Date (MM/DD/CCYY) | Signature and Title of Certifying Official | Phone Number |
|-------------------|--|----------------|
| 09/12/2004 | Jane E. Doe | (615) 876-5432 |

NOTE: For Departments of State Government only, the designation must be certified by the head of that agency.

A RESOLUTION OF INCLUSION UNDER THE WISCONSIN RETIREMENT SYSTEM

RESOLUTION

RESOLVED, by the _____ of the
Governing Body per Wis. Stat. § 40.02 (36)

that pursuant to Wis. Stats. §§ 40.21 and 40.22 of the above named entity does hereby determine to be included under the Wisconsin Retirement System and will recognize _____% of prior creditable service for all employees eligible for participation on the effective date of January 1, _____. Number of eligible employees _____. This resolution, when filed, is irrevocable after the November 15 preceding the effective date.

CERTIFICATION

I HEREBY CERTIFY that the foregoing Resolution is a true, correct and complete copy of the Resolution duly and regularly adopted by the above governing body on the _____ day of _____, and that said Resolution is in full force and effect.

I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent statements, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

IN WITNESS THEREOF, I have hereto set my hand and the official seal of this governmental unit, _____ in _____ County, Wisconsin on this the _____ day of _____.

Signature and Title of Certifying Officer:

Name Title

Employer Identification Number (EIN) if
available:

69-036-_____

DESIGNATION OF AGENT

Wis. Stat. § 40.03 (2) (j)

The following position is designated as the agent representing the employer in matters pertaining to the programs administered by the Department of Employee Trust Funds. In the event the designated agent is unable to perform the duties of such position, the person indicated below as alternate agent shall be considered the agent until such time as the position designated as the agent is filled. We have also included room for the insurance and retirement contacts:

EMPLOYER IDENTIFYING NUMBER 69-036 _____

EMPLOYER LEGAL TITLE _____

TITLE OF POSITION OF EMPLOYER AGENT _____

NAME OF AGENT _____

AGENT'S PHONE NUMBER _____ EXT _____

AGENT'S E-MAIL ADDRESS _____

AGENT'S OFFICE HOURS _____

AGENT'S MAILING ADDRESS _____

EFFECTIVE DATE _____

TITLE OF POSITION OF ALTERNATE AGENT _____

NAME OF ALTERNATE AGENT _____

RETIREMENT CONTACT _____

PHONE NUMBER _____ EXT _____

INSURANCE CONTACT _____

PHONE NUMBER _____ EXT _____

Designation Certified By:

| | | |
|-------------------|--|--------------|
| Date (MM/DD/CCYY) | Signature and Title of Certifying Official | Phone Number |
| | | |

NOTE: For Departments of State Government only, the designation must be certified by the head of that agency.

PRIOR SERVICE COST STUDY
EMPLOYEES ELIGIBLE FOR WRS
PERSONNEL DATA SHEET

ETF Office Use Only

BASIS FOR PRIOR
SERVICE

EFFECTIVE DATE
(MM/DD/CCYY)

0%
25%
50%
75%
100%

Employer Name

Employer Code if
Assigned Previously
69-036

| EMPLOYEE NAME | SOCIAL SECURITY NUMBER | BIRTHDATE | SEX | DATE EMPLOYMENT BEGAN* | HRS WORKED PER YEAR BEFORE YEAR 2000** | HRS WORKED PER YEAR AFTER YEAR 1999** | ESTIMATED ANNUAL EARNINGS | POSITION TITLE EMPLOYMENT CATEGORY |
|---------------|------------------------------|-----------|-----|------------------------------|---|---|------------------------------|---|
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* Enter the date of hire. If employment was not continuous, indicate each actual net period of employment.

** The number of hours **expected** to be worked per calendar year.

